

**Michigan Cancer Consortium
Recommendations for Breast Cancer Screening
March 21, 2001**

Screening Tests

A clinical breast exam and mammogram should be used for routine breast cancer screening.

Age To Initiate Screening

- Breast cancer screening (clinical breast exam and mammogram) should be initiated for women who are not at high risk at age 40.
- At age 20 and older, all women should practice monthly self-breast exam.

Screening Frequency

Evidence supports annual screening for women of average risk starting at age 40.

Upper Age Limit for Screening

Since the evidence of the effectiveness of screening is less well established for women 75 years of age or older, consideration of health status and anticipated benefits versus risks are particularly relevant to the screening decision among older women.

Michigan Cancer Consortium
Recommendations for Follow-up of Abnormal Breast Cancer Screening Results
March 21, 2001

Abnormal Result	Primary Care Management	Indication for Referral
A. Clinical Breast Exam: <i>Nipple Discharge, no palpable mass</i> 1. Bilateral Milky Discharge 2. Nonspontaneous Multiduct discharge 3. Persistent, spontaneous, unilateral, single duct, serous, or sanguineous nipple discharge	1. Conduct Pregnancy Test	
	2. <i>Under age 40</i> - Educate and observe <i>Over age 40*</i> – Refer for Mammogram	* Refer to Breast Specialist/ Surgeon for additional evaluation after mammogram
	3. Refer for diagnostic mammogram with guaiac or cytology (optional)	Refer to Breast Specialist/ Surgeon for additional evaluation after mammogram
B. Clinical Breast Exam: <i>Lump/Mass</i>	<ul style="list-style-type: none"> Under age 30 Refer for Ultrasound (preferred), needle biopsy, or if low risk, observe for 1-2 menstrual cycles to see if the mass resolves; 	If lump/mass persists, refer to Breast Specialist/ Surgeon for additional evaluation
	<ul style="list-style-type: none"> Over age 30 Refer for mammogram or ultrasound or both 	Refer to Breast Specialist/ Surgeon for additional evaluation after imaging
C. Clinical Breast Exam: <i>Thickening/nodularity/asymmetry</i>	<ul style="list-style-type: none"> Under age 30 Refer for ultrasound plus mammogram if indicated 	Refer to Breast Specialist/ Surgeon for additional evaluation after imaging
	<ul style="list-style-type: none"> Over age 30 Refer for bilateral diagnostic mammogram with or without ultrasound. 	Refer to Breast Specialist/ Surgeon for additional evaluation after imaging
D. Clinical Breast Exam: Skin changes (<i>Peau d'orange, Erythema, Nipple excoriation, Scaling, eczema</i>)	Refer for bilateral diagnostic mammogram with or without an ultrasound	Refer to Breast Specialist/ Surgeon for additional evaluation after imaging
E. Mammogram:– <u>BiRADS CATEGORY 3</u>	Refer for Diagnostic Mammogram at 6 months, then every 6-12 months for 2-4 years; may include biopsy if patient noncompliant or highly anxious.	Refer to Breast Specialist/ Surgeon for additional evaluation after imaging
F. Mammogram: BiRADS Categories 4 and 5	Refer to breast specialist/surgeon for FNA or Core biopsy with post-specimen radiography if microcalcifications or Needle localization excisional biopsy.	

**Michigan Cancer Consortium
Breast Cancer Recommendations
Participant List**

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